

Arizona State Veterinary Medical Examining Board

9535 E. Doubletree Ranch Road, Suite 100 Scottsdale, AZ 85258

Phone: (602) 364-1PET (1738) • FAX: (602) 364-1039

www.vetboard.az.gov

APPLICATION IS HEREBY MADE FOR THE ISSUANCE OF A VETERINARY PREMISE LICENSE
PREMISE LICENSE FEES:

☐ \$ 50.00 in an even-numbered year

☐ \$ 100.00 in an odd-numbered year

APPLICATION FEE IS NON-REFUNDABLE

PAYABLE BY CASH, CASHIER'S CHECK OR MONEY ORDER ONLY

PREMISE LICENSING INFORMATION

Name of Premise _____

Premise Address _____

City _____ State _____ Zip _____ County _____

Mailing Address _____ City _____ State _____ Zip _____

Business Phone Number (____) _____ Email Address: _____

REASON FOR PREMISE APPLICATION

(Check all applicable areas for changes)

☐ New Premise ☐ Responsible Veterinarian ☐ Ownership ☐ Scope of Service ☐ Address ☐ Other

WAS THIS PREMISE PREVIOUSLY LICENSED? IF YES, PLEASE COMPLETE THIS SECTION

A.R.S. § 32-2272 (D), A change of responsible veterinarian or owner shall cancel a premise license. The responsible veterinarian or owner shall surrender the premise license to the Board within 20 days of the change.

Previous Premise License Number _____ Previous Premise Name _____

Previous Responsible Veterinarian _____

RESPONSIBLE VETERINARIAN

ONLY ONE VETERINARIAN MAY BE DESIGNATED AS RESPONSIBLE VETERINARIAN

A.R.S. § 32-2201(18) . . . The veterinarian responsible to the Board for compliance of licensed veterinary premises with the laws and rules of this state and of the federal government pertaining to the practice of veterinary medicine and responsible for the establishment of policy of such premises.

Name _____ License Number _____

Residence Phone Number _____ Business Phone Number _____

1. List all premises where you are currently registered as the Responsible Veterinarian *(Attach continuation sheet if necessary)*.

2. Designate a primary premise *(This information will be listed on the Board's computer record for inquiries)*.

3. List all states you have been licensed with, including past licensure *(Include dates)*.

4. Have you ever been charged or convicted of a crime? ☐ Yes ☐ No *(Yes, attach detailed explanation)*

5. Has your Federal Certification been subject to Disciplinary Action? ☐ Yes ☐ No *(Yes, attach detailed explanation)*

6. Have you been subject to disciplinary action relating to licensure? ☐ Yes ☐ No *(Yes, attach detailed explanation)*

PRACTICE INFORMATION

A.R.S. § 32-2272 (C) . . . A license is not valid for any premises other than those for which issued. If there have been major changes in the scope of veterinary services offered, the premises are subject to re-inspection. Mobile units utilized in conjunction with a licensed premise, MUST be declared at the time of application.

TYPE OF PRACTICE

(Check all applicable areas)

☐ Large Animal

☐ Small Animal

☐ Exotic

☐ Avian

☐ Other

DESCRIPTION OF PRACTICE

(Check all applicable areas)

☐ Hospital (*Housing*)

☐ Mobile Clinic (*A.A.C. R3-11-101 [13]*)

☐ Clinic (*No housing*)

☐ Mobile Unit (*A.A.C. R3-11-101 [14]*)

☐ Vaccination Clinic

DESCRIPTION OF SERVICES

(Check all applicable areas)

☐ Housing

☐ Boarding

☐ Surgery

☐ Transporting Patients

☐ Radiology

☐ Emergency Service (*Not 24hr*)

☐ Diagnostics (*In premise*)

☐ 24 hour Emergency Service

☐ Pharmacy

☐ Vaccinations Only

☐ Alternative Medicine (*Acupuncture, etc.*)

☐ Grooming

☐ Routine Health Exams

1. If any of the above services are performed at another premise or in the field, please specify.

PREMISE BUILDING AND HOURS

☐ Single Occupancy Building

☐ Residence

1. List the hours the premise is open to the public:

- a. For hospitals/clinics list the hours the facility is open to the public. Hours: _____
- b. For vaccination clinics held at a store, etc., list the specific day (e.g. 2nd Saturday of the month) and hours the vaccination clinic is in operation. Day: _____ Hours: _____

2. If residence is used, list the specific areas used, i.e., kitchen, refrigerator, laundry area, etc.

OWNER INFORMATION

PROPRIETORSHIP

Name of Owner _____

Address _____

PARTNERSHIP

Name of Partnership _____

Address of Principal Office _____

Names, Addresses, and Percentages of General Partners _____

CORPORATION

Name of Corporation _____

Address of Principal Office _____

State of Incorporation _____ Date of Incorporation _____

Arizona Statutory Agent, Address and Phone Number _____

Names, Titles, and Addresses of Officers and Directors _____

1. Has the owner ever been charged or convicted of a crime? ☐ Yes ☐ No (Yes, attach detailed explanation)
2. Has the owner's Federal Certification been subject to Disciplinary Action? ☐ Yes ☐ No (Yes, attach detailed explanation)
3. Has the owner been subject to disciplinary action relating to licensure? ☐ Yes ☐ No (Yes, attach detailed explanation)

CERTIFICATION OF ACCURACY

The undersigned hereby certifies that the information contained in this application and any attachments thereto is true and correct , and further certifies that:

1. The undersigned is familiar with the laws of Arizona and the rules of the State Board pertaining to the practice of veterinary medicine.
2. The undersigned is familiar with the laws of the federal government pertaining to the practice of veterinary medicine and pertaining to the use, dispensing, prescribing and storing of controlled substances.
3. The RESPONSIBLE VETERINARIAN, identified herein, is responsible to the State Board for the establishment of, and adherence to, policies of veterinary medical service and conduct in accordance with federal laws, Arizona State laws, and the rules of the State Board pertaining to the practice of veterinary medicine.

Signature of Responsible Veterinarian _____ Date _____

State of _____

County of _____

Subscribed and Sworn before me this _____ day of _____, 20_____

SEAL

Notary Public _____

Signature of Practice Owner _____ Date _____

Printed Name: _____

NOTE: If you have changed your residential address, you must submit written notice to the board pursuant to Arizona Administrative Code R3-11-107. This form will be used ONLY for the application of a premise license.

ALTERNATE FORMAT

Individuals with disabilities who need this application in an alternate format may contact the Board's Americans with Disabilities Act coordinator at (602) 364 - 1739 (voice) to make their needs known.

BOARD USE ONLY

Date Received _____

License Number Issued _____ Date Issued _____ Supercedes License Number _____

Date Inspection Performed _____ Premise Inspector _____